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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	
	First Named Inventor	Schuster
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.18 (e)) required)
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Optical Arrangement

the specification of which (Title of the invention)

☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 385(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
19963587.0	Germany	12/29/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

☐ OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Jody L. Factor Jovan N. Jovanovic William L. King	34157 40039 48830		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02G attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label

OR ☐ Correspondence address below

Name	Jovan N. Jovanovic				
Address	FACTOR & PARTNERS, LLC				
Address	100 West Monroe St., Suite 300				
City	Chicago	State	IL	ZIP	60603
Country	USA	Telephone	312-578-0400	Fax	312-578-8220

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Karl-Heinz	Schuster

Inventor's Signature	Karl-Heinz Schuster		Date	22/11/00	
Residence: City	Königsbrunn	State		Country	Germany
Post Office Address	Rechbergstr. 24				
Post Office Address					
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Country	Germany				

☐ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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<p>DECLARATION</p>	<p>ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>2</u></p>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Hubert				Holderer			
Inventor's Signature		<i>J. Hubert</i>		Holderer		Date	
Residence: City		Königsbrunn		Country		Germany	
Post Office Address		Gräfstr. 6		Citizenship		Germany	
Post Office Address							
City		Königsbrunn		Zip		D-89551	
		State		Country		Germany	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Rudolf				Von Büna			
Inventor's Signature		<i>R.M.B.</i>				Date	
Residence: City		Esslingen		Country		Germany	
Post Office Address		Teusenbergweg 36/2		Citizenship		Germany	
Post Office Address							
City		Esslingen		Zip		D-73457	
		State		Country		Germany	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Christian				Wagner			
Inventor's Signature		<i>C. Wagner</i>				Date	
Residence: City		Aalen		Country		Germany	
Post Office Address		Weidenfeld 8		Citizenship		Germany	
Post Office Address							
City		Aalen		Zip		D-73430	
		State		Country		Germany	

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>2</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jochen		Becker	
Inventor's Signature	<i>Jochen Becker</i>		Date <i>23.11.00</i>
Residence: City	Oberkochen	State	Country Germany
Post Office Address	Junoweg 10		
Post Office Address			
City	Oberkochen	State	Zip D-73447 Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Stefan		Kalter	
Inventor's Signature	<i>Stefan Kalter</i>		Date <i>23.11.00</i>
Residence: City	Oberkochen	State	Country Germany
Post Office Address	Frühlingstr. 7		
Post Office Address			
City	Oberkochen	State	Zip D-73447 Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Wolfgang		Hummel	
Inventor's Signature	<i>Wolfgang Hummel</i>		Date <i>01.12.00</i>
Residence: City	Schwäbisch Gmünd	State	Country Germany
Post Office Address	Gartenstr. 21		
Post Office Address			
City	Schwäbisch Gmünd	State	Zip D-73525 Country Germany

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